

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90043 049 ***150.00

DOCUMENT # P95000007759

1. Entity Name

K-9 PERFECTION DOG GROOMING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
847 101ST AVENUE NO
Suite, Apt. #, etc.

3. Mailing Address
847 101ST AVENUE NO
Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34108

Country
US

Zip
34108

Country
US

4. FEI Number
65-00557017

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PINTER, MICHAEL R
Street Address (P.O. Box Number is Not Acceptable)
4328 CORPORATE SQ
SUITE C
City
NAPLES FL Zip Code
34112

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUBERT, GREG 847 101ST AVENUE NORTH NAPLES FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUBERT, CONNIE 847 101ST AVENUE NORTH NAPLES FL 34108
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Connie Hubert*
Connie Hubert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 941-590-5600

Date

Daytime Phone #

CR2E034B (12/01)